

**Introduced by Senator Runner**

February 24, 2006

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An act to amend Section 123485 of, and to add Sections 123491, 123492, 123493, and 123516 to, the Health and Safety Code, relating to perinatal services.

## LEGISLATIVE COUNSEL'S DIGEST

SB 1596, as introduced, Runner. Nurse-Family Partnership program.

Existing law provides for the implementation of a community-based system of perinatal care for eligible women and infants administered by the State Department of Health Services.

This bill would establish the Nurse-Family Partnership program, which would be administered and implemented by the department, for purposes of making grants to eligible participating counties for the provision of voluntary registered nurse home visiting services for expectant first-time low-income mothers, their children, and their families.

This bill would provide that the program would be implemented only to the extent that funds for this purpose are appropriated by the Legislature in the annual Budget Act or other statute.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1 SECTION 1. The Legislature finds and declares all of the
- 2 following:
- 3 (a) The Nurse-Family Partnership program, which provides
- 4 educational, health and other resources to new mothers during

1 pregnancy and the first two years of their child's life, has been  
2 proven through randomized clinical trial scientific research to  
3 reduce significantly the amounts of drugs, including nicotine, and  
4 alcohol use and abuse by mothers, the occurrence of criminal and  
5 delinquent activity committed by mothers and their children, and  
6 the incidence of child abuse and neglect.

7 (b) The Nurse-Family Partnership program has also been  
8 proven through this same research to reduce the number of  
9 subsequent births to participating mothers, increase the length of  
10 time between subsequent births, and reduce the mother's need for  
11 other forms of public assistance.

12 (c) The Nurse-Family Partnership program has been proven to  
13 better prepare children to enter school.

14 (d) The Nurse-Family Partnership program helps families  
15 become economically self-sufficient by helping parents develop  
16 a vision for their own future, plan future pregnancies, continue  
17 their education, and locate and prepare for employment

18 SEC. 2. Section 123485 of the Health and Safety Code is  
19 amended to read:

20 123485. The following definitions shall govern the  
21 construction of this article:

22 (a) "Community-based comprehensive perinatal care" means a  
23 range of prenatal, delivery, postpartum, infant, and pediatric care  
24 services delivered in an urban community or neighborhood, rural  
25 area, city or county clinic, city or county health department,  
26 freestanding birth center, or other health care provider facility by  
27 health care practitioners trained in methods of preventing  
28 complications and problems during and after pregnancy, and in  
29 methods of educating pregnant women of these preventive  
30 measures, and who provide a continuous range of services. The  
31 health care practitioners shall, through a system of established  
32 linkages to other levels of care in the community, consult with,  
33 and, when appropriate, refer to, specialists.

34 (b) "Low income" means all persons of childbearing age  
35 eligible for Medi-Cal benefits under Chapter 7 (commencing  
36 with Section 14000) and all persons eligible for public social  
37 services for which federal reimbursement is available, including  
38 potential recipients. "Potential recipients" shall include the  
39 pregnant woman and her infant in a family where current social,  
40 economic and health conditions of the family indicate that the

1 family would likely become a recipient of financial assistance  
2 within the next five years.

3 (c) “Prenatal care” means care received from conception until  
4 the completion of labor and delivery.

5 (d) “Perinatal care” means care received from the time of  
6 conception through the first year after birth.

7 (e) ~~“State department” means the department,~~ “*Qualified*  
8 *organization*” means any nonprofit, not-for-profit, or for-profit  
9 corporation with demonstrated expertise in implementing the  
10 Nurse-Family Partnership program or similar programs in  
11 different local settings.

12 (f) “*Qualified trainer*” means anyone who has been certified  
13 by the Nurse-Family Partnership to provide training.

14 (g) “Department” means the State Department of Health  
15 Services, unless otherwise designated.

16 SEC. 3. Section 123491 is added to the Health and Safety  
17 Code, to read:

18 123491. (a) The Nurse-Family Partnership program is hereby  
19 established as a voluntary nurse home visiting grant program for  
20 expectant first-time mothers, their children, and their families.

21 (b) The goals and objectives of the Nurse-Family Partnership  
22 program shall be the same as, but shall not be limited to, those in  
23 the community-based comprehensive perinatal health care  
24 system as set forth in Section 123505.

25 (c) The program established under this section shall be  
26 administered by the department and in accordance with Section  
27 123492. The department shall promulgate regulations for the  
28 implementation of this section in accordance with Section  
29 123516.

30 SEC. 4. Section 123492 is added to the Health and Safety  
31 Code, to read:

32 123492. (a) The department shall develop a grant  
33 application and award grants on a competitive basis to counties  
34 for the startup, continuation, and expansion of the program  
35 established pursuant to Section 123491. To be eligible to receive  
36 a grant for purposes of that section, a county shall agree to all of  
37 the following:

38 (1) Serve through the program only pregnant, low-income  
39 women who have had no previous live births. Notwithstanding  
40 subdivision (b) of Section 123485, women who are juvenile

1 offenders or who are clients of the juvenile system shall be  
2 deemed eligible for services under the program.

3 (2) Enroll women in the program while they are still pregnant,  
4 before the 28th week of gestation, and preferably before the 16th  
5 week of gestation, and continue those women in the program  
6 through the first two years of the child's life.

7 (3) Use as home visitors only registered nurses who have been  
8 licensed in the state.

9 (4) Have nurse home visitors undergo training according to the  
10 program and follow the home visit guidelines developed by the  
11 Nurse-Family Partnership program.

12 (5) Have nurse home visitors specially trained in prenatal care  
13 and early child development.

14 (6) Have nurse home visitors follow a visit schedule keyed to  
15 the developmental stages of pregnancy and early childhood.

16 (7) Ensure that, to the extent possible, services shall be  
17 rendered in a culturally and linguistically competent manner.

18 (8) Limit a nurse home visitor's caseload to no more than 25  
19 active families at any given time.

20 (9) Provide for every eight nurse home visitors a full-time  
21 nurse supervisor who holds at least a bachelor's degree in  
22 nursing and has substantial experience in community health  
23 nursing.

24 (10) Have nurse home visitors and nurse supervisors trained in  
25 effective home visitation techniques by qualified trainers.

26 (11) Have nurse home visitors and nurse supervisors trained in  
27 the method of assessing early infant development and  
28 parent-child interaction known as the Nurse Child Assessment  
29 Satellite Training (NCAST) system parent-child interaction in a  
30 manner consistent with the program.

31 (12) Provide data on operations, results, and expenditures in  
32 the formats and with the frequencies specified by the department.

33 (13) Collaborate with other home visiting and family support  
34 programs in the community to avoid duplication of services and  
35 complement and integrate with existing services to the extent  
36 practicable.

37 (14) Demonstrate that adoption of the Nurse-Family  
38 Partnership program is supported by a local governmental or  
39 government-affiliated community planning board,  
40 decisionmaking board, or advisory body responsible for assuring

1 the availability of effective, coordinated services for families and  
2 children in the community.

3 (15) Provide cash or in-kind matching funds in the amount of  
4 50 percent of the grant award.

5 (16) Prohibit the use of moneys received for the program as a  
6 match for grants currently administered by the department.

7 (b) The department shall process, award, and monitor the  
8 delivery of services under contracts, grants, and agreements as  
9 provided in Section 123500.

10 SEC. 5. Section 123493 is added to the Health and Safety  
11 Code, to read:

12 123493. (a) The Nurse-Family Partnership program,  
13 established pursuant to Section 123491 shall be implemented  
14 only to the extent that funds for this purpose are appropriated by  
15 the Legislature in the annual Budget Act or other statute.

16 (b) The State Department of Health Services may allocate any  
17 money received for purposes of the program to program grantees.

18 SEC. 6. Section 123516 is added to the Health and Safety  
19 Code, to read:

20 123516. (a) The department shall monitor the  
21 implementation by grantees of the Nurse-Family Partnership  
22 program established pursuant to Section 123491 to ensure that  
23 the program is implemented according to the requirements of this  
24 article and the regulations of the department.

25 (b) The department, in consultation with the program  
26 administrators, may contract with one or more qualified  
27 organizations to assist the department in ensuring that grantees  
28 implement the program as established under Section 123491 and  
29 to conduct an annual evaluation of the implementation of the  
30 grant program on a statewide basis. The first evaluation shall be  
31 due 12 months after the award of grants pursuant to Section  
32 123492.

33 (c) (1) In conducting its monitoring and evaluation activities,  
34 the department shall be guided by program performance  
35 standards developed by the department in consultation with the  
36 Nurse-Family Partnership program.

37 (2) The department shall submit the results of each annual  
38 evaluation to the Governor and the appropriate policy and fiscal  
39 committees of each house of the Legislature.

- 1     (3) The annual evaluation shall contain, but not be limited to,  
2     the extent to which each grantee participating in the program has  
3     done each of the following:
- 4     (A) Recruited a population of low-income, first-time mothers.  
5     (B) Enrolled families early in pregnancy and followed them  
6     through the second birthday of the child.  
7     (C) Conducted visits that are of comparable frequency,  
8     duration, and content as those delivered in the randomized  
9     clinical trials of the program.
- 10    (D) Assessed the health and well-being of the mothers and  
11    children enrolled in the program according to common indicators  
12    of maternal, child, and family health.